

State Elected Officials Financial Disclosure

W.S. 9-13-101 through 109

This form can be accessed on the Secretary of State's Website at:
<http://soswy.state.wy.us/Forms/Ethics/ElectedOfficialsEthicsDisclosureForm.pdf>

In accordance with W.S. 9-13-101 - 109, each of the state's five elected officials and each member of the Wyoming legislature shall file a financial disclosure form with the Secretary of State. This includes elected officials and legislators who have not sought re-election but have served in an elected position during the previous filing period.

The financial disclosure form shall contain information current as of January 15th of each year.

As prescribed in W.S. 9-13-108(b), forms may be submitted by electronically by facsimile transmission at (307) 777.7640, or by e-mail to: elections@wyo.gov.

Anyone violating the provisions of the Government Ethics Act is guilty of a misdemeanor punishable upon conviction by a fine of not more than one thousand dollars (\$1,000.00). W.S. 9-13-109(a).

Violation of any provision of the Government Ethics Act constitutes sufficient cause for termination of a public employee's employment or for removal of a public official or public member from his office or position. W.S. 9-13-109(b).

FILING DEADLINE: January 31st of each year

FILING OFFICE: Secretary of State's Office – Election Division
2020 Carey Ave., Ste 600
Cheyenne, WY 82002

E-mail: elections@wyo.gov
Fax: (307) 777.7640

RECEIVED

JAN 31 2019

WYOMING
SECRETARY OF
STATE

State Elected Official Financial Disclosure Form

Name of Official:

Leland Christensen

Office Held:

Senate

Senate District (if applicable): 17

House District (if applicable): _____

Business Address:

220 W Alta Rd

Business City, State and Zip:

Alta Wy 83414

Business Phone:

307 690-0903

Home Address:

220 W Alta Rd

Home City, State and Zip:

Alta Wy 83414

Home Phone:

307 353-8204

I. Offices, Directorships and Employment

(Please use additional sheets as necessary.)

a) List the *offices* held in business enterprises. This includes partnerships.

Office Held

Name and Address of Enterprise

na

b) List any *directorship positions* held in business enterprises.

Name of Enterprise

Address of Enterprise

na

c) Salaried Employment

Job Title

Name and Address of Enterprise

na

II. Sources of Income

(Please use additional sheets as necessary.)

a) Employment

Name of Employer

Address of Employer

none

b) Business Interests - list the names and addresses of all business entities in which you have a business interest (W.S. 9-13-108 (c) states: "Name and address of all business entities but excluding interests if less than ten percent (10%) of the entity is owned, or sole proprietorship from which income is earned. . . .")

Name of Business Entity

Address of Business Entity

n/A

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c) Investments

Income Earned

A. Any security or interest earnings

Yes No

B. Real estate leases, royalties

Yes No

d) Other (describe generally):

WA

On this 31 day of Jan, 19, I affirm that the preceding information is accurate.

Signature